

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014145

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED APR 2 1963

## 1. PLACE OF DEATH

a. COUNTY

ST. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Pine Lawn

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

Mother of Good Council Home

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

c. CITY

OR

TOWN

ST. Louis

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

3437 Eads Ave

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Rose

Middle

Duffy

Last

4. DATE

Month

Day

Year

DATE

3

1

1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

10-15-1893

## 9. AGE (last birthday)

89

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

A.T. Home

## 10b. KIND OF BUSINESS OR INDUSTRY

-

## 11. BIRTHPLACE (City and state or country)

Ireland

## 12. CITIZEN OF WHAT COUNTRY

USA.

## 13a. FATHER'S NAME

Thos. Duffy

## 13b. MOTHER'S MAIDEN NAME

Catherine

## 14. NAME OF HUSBAND OR WIFE

-

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

No

## 16. SOCIAL SECURITY NO.

-

## 17. INFORMANT

John Jackson

## Address

1617 Grape Ave

## 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

ARTERIOSCLEROTIC HEART DISEASE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

-

## DUE TO (c)

-

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

-

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

-

## 20f. CITY, TOWN, OR LOCATION

-

## COUNTY

-

## STATE

-

21. I attended the deceased from SEPT. 1957 to MARCH 1, 1963 and last saw her alive on FEB. 24, 1963

Death occurred at 7:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Charles R. Lewis, M.D.

## 22b. ADDRESS

7124 Natural Bridge

## 22c. DATE SIGNED

3/1/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

3-4-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Calvary

## 23d. LOCATION (City, town, or county)

ST. Louis

## 23e. STATE

Mo

## 24. FUNERAL DIRECTOR

## ADDRESS

O'SULLIVAN-MUCKLE-KRON MORTUARY

## 25. DATE RECD. BY LOCAL REG.

3-2-63

## 26. REGISTRAR'S SIGNATURE

John B. Murphy, M.D.

8806 JENNINGS ROAD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

2

1

0

6

2

2

94200

10

11

26-0

13

88

Dr Stahl. 6-8 Fri  
7124 Natural Bridge

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Herbert J. Gann Jr.

Licensed Embalmer No. 4800

P. O. Address Hickman 22 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.